

236148

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☒ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

Global Crossing Local Services, Inc. _____
 Company Name _____

_____ 800-414-1973 _____
 Dbal/fka Telephone # _____

_____ 225 Kenneth Drive _____
 Mailing Address _____

_____ Rochester, NY 14623 _____
 City, State, Zip Code _____

_____ Same as Above _____
 Business Location _____

_____ Monroe _____
 City, State, Zip Code County _____

REGISTERED AGENT INFORMATION

Registered Agent: _____ Not Applicable _____

Mailing Address: _____

City, State, Zip Code: _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Scott Seab _____
General Manager (Include address if different than above.)

 720-888-3942 / 720-888-5134 / Scott.Seab@Level3.com
 Telephone Number Facsimile Number E-mail Address
- B. Karen Hyde _____
Customer Relations /Complaints Representative (Include address if different than above.)

 724-743-9719 / 720-888-5134 / Karen.Hyde@Level3.com
 Telephone Number Facsimile Number E-mail Address
- C1. Scott Seab _____
Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)

 720-888-3942 / 720-888-5134 / Scott.Seab@Level3.com
 Telephone Number Facsimile Number E-mail Address
- C2. 800-414-1973 _____
Customer Contact (Toll Free Number)
- D. Technician on Duty _____
Engineering Operations (Include address if different than above.)

 888-907-6638 / N/A / N/A
 Telephone Number Facsimile Number E-mail Address
- E. Technician on Duty _____
Test and Repair (Include address if different than above.)

 888-907-6638 / N/A / N/A
 Telephone Number Facsimile Number E-mail Address

F. Technician on Duty
Emergencies (During non-office hours)
888-907-6638 / N/A / N/A
Telephone Number Facsimile Number E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Scott Seab
Regulatory Officer (Include address if different than above.)
720-888-3942 / 720-888-5134 / Scott.Seab@Level3.com
Telephone Number Facsimile Number E-mail Address

H. N/A
Dual Party Mailings (Name)
N/A
Mailing Address
N/A / N/A / N/A
Telephone Number Facsimile Number E-mail Address

I. N/A
Interim LEC Fund Mailings (Name)
N/A
Mailing Address
N/A / N/A / N/A
Telephone Number Facsimile Number E-mail Address

J. Diane Peters, Sr. Manager, Tax
Universal Service Fund Mailings (Name)
225 Kenneth Drive; Rochester, NY 14623
Mailing Address
585-255-1425 / 877-766-2492 / diane.peters@Level3.com
Telephone Number Facsimile Number E-mail Address

K. Diane Peters, Sr. Manager, Tax
Gross Receipts Mailings (Name)
225 Kenneth Drive; Rochester, NY 14623
Mailing Address
585-255-1425 / 877-766-2492 / diane.peters@Level3.com
Telephone Number Facsimile Number E-mail Address

L. Diane Peters, Sr. Manager, Tax
Lifeline Mailings (Name)
225 Kenneth Drive; Rochester, NY 14623
Mailing Address
585-255-1425 / 877-766-2492 / diane.peters@Level3.com
Telephone Number Facsimile Number E-mail Address

HEATHER KAVANAUGH

This form was completed by (print name)

LEGAL ADMINISTRATIVE ASSISTANT
Title

Heather Kavanaugh
Signature

March 27, 2012
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

(Rev. PSC 11/2010)